

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street)

333 S. WABASH

43-S

☐Check if different  
than previously  
reported. (ACC)

CHICAGO

IL

60604

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIPCODE ▲

C00078287

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Karen E. Melchert

Signature of Treasurer

Electronically Filed by Karen E. Melchert

Date

07

10

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		25248.23
(b) Cash on Hand at Beginning of Reporting Period .....	5518.02	
(c) Total Receipts (from Line 19) .....	51536.72	67882.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57054.74	93130.24
7. Total Disbursements (from Line 31) .....	28362.96	64438.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28691.78	28691.78
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	34890.80	36210.86
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	16645.92	31671.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	51536.72	67882.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	51536.72	67882.01
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	51536.72	67882.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51536.72	67882.01

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	62.96	138.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	62.96	138.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19800.00	53800.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	8500.00	10500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28362.96	64438.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28362.96	64438.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	51536.72	67882.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51536.72	67882.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	62.96	138.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	62.96	138.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Roger Ablett

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14360

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Roger Ablett

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14923

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Amy Adams

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14361

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Amy Adams

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14924

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

George Agyen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14362

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George Agyen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14925

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Michael Anway

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14717

Amount of Each Receipt this Period

54.17

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Anway

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.85

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14412

Amount of Each Receipt this Period

54.17

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Anway

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14970

Amount of Each Receipt this Period

54.17

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

162.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Dennis Barger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.15012

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Patricia Barkdoll

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15038

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Darci Beacom

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14364

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

791.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Darci Beacom

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14927

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Beckman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15039

Amount of Each Receipt this Period

750.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jacquelyne Belcastro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14366

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

833.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Jacquelyne Belcastro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14929

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Thor Beveridge

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14490

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Larry Boysen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14718

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

604.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Larry Boysen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14413

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Larry Boysen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14971

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Brand

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14501

Amount of Each Receipt this Period

750.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Patty Bridger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14719

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Patty Bridger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14414

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Patty Bridger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14972

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Nancy Bufalino

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14367

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Nancy Bufalino

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14930

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James Casimir

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14368

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

James Casimir

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14931

Amount of Each Receipt this Period

41.67

Contribution

B.

Full Name (Last, First, Middle Initial)

Bruce Cluskey, q

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14371

Amount of Each Receipt this Period

41.67

Contribution

C.

Full Name (Last, First, Middle Initial)

Bruce Cluskey, q

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14933

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

125.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Charles Colburn

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14372

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Charles Colburn

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14934

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Colliau

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14500

Amount of Each Receipt this Period

550.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

633.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Linda Core

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.14995

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Claire Cortner

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14992

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Terry Cosgrove

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14373

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1341.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Terry Cosgrove

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14935

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Coyne

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.14996

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Cuning

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14720

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1104.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Cuning

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14415

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Cuning

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14973

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Heather Davis

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14721

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Heather Davis

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14416

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Heather Davis

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14974

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Devereux

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14410

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

John Devereux

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.14967

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

C. M. Dower

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.15051

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Warren Edwards

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.14374

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

341.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Warren Edwards

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14936

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Connie Eggleston

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.14997

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jon Elenius

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.15025

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

841.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

George Fay

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14730

Amount of Each Receipt this Period

83.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)

George Fay

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14430

Amount of Each Receipt this Period

83.34

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George Fay

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14988

Amount of Each Receipt this Period

83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

David Fennell

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14484

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Diane Ferro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14375

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Diane Ferro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14937

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

383.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Michael Fitzgerald

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14722

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Fitzgerald

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14417

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Fitzgerald

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14975

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Daniel Fortin

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14502

Amount of Each Receipt this Period

750.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Fusco

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14734

Amount of Each Receipt this Period

90.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Fusco

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14433

Amount of Each Receipt this Period

90.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Connie Gianakas

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.14998

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Golden

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.15026

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dawn Griffin

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14491

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Timothy Hagen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14376

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Timothy Hagen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14938

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gary Hall

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14408

Amount of Each Receipt this Period

42.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Gary Hall

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14965

Amount of Each Receipt this Period

42.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James Harms

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15040

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dennis Hemme

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14723

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

604.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Dennis Hemme

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14419

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dennis Hemme

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14977

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Fatmire Hotza

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.15028

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Patricia Hurston

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.15029

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jacqueline Johnson

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14379

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jacqueline Johnson

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14940

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Steven Jones

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14485

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard Kaminsky

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15048

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Kantor

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15041

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Mariann Keenan

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.14999

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Keith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14724

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Keith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14420

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Robert Keith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14978

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Susan Kelly

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14380

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Susan Kelly

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14941

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

145.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Karen Knight

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14495

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Thomas Kocaj

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14381

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas Kocaj

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14942

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Mark Kruse

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.15015

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Carla Kambric Lammers

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14496

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Landenberger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14944

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1041.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Hillary Lewis

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15042

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James Lewis

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.15000

Amount of Each Receipt this Period

1500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Peter Lies

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14384

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1841.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Peter Lies

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14945

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen Lilienthal

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.15049

Amount of Each Receipt this Period

1500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Brian Loebach

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14497

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2041.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Wendy Lynn

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14385

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Mallon

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14386

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Mallon

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14946

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Glen Mangold

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14486

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Mann

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14725

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Mann

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14423

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Robert Mann

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14980

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Marilou McGirr

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14387

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Marilou McGirr

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14947

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

145.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Richard McGregor

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14388

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard McGregor

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14948

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Craig Meadors

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14411

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

133.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Craig Meadors

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14968

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen Menke

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14390

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Stephen Menke

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14950

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

133.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Craig Mense

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14731

Amount of Each Receipt this Period

83.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Craig Mense

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14431

Amount of Each Receipt this Period

83.34

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Craig Mense

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14989

Amount of Each Receipt this Period

83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

William Morgan

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14951

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Timothy Morse

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14897

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

William Nachtsheim

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14726

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

129.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

William Nachtsheim

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14424

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William Nachtsheim

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14981

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Lew Nathan

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.15002

Amount of Each Receipt this Period

750.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Neuenschwander

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14393

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Neuenschwander

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14952

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Frederic Nieman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14727

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

145.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Frederic Nieman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14425

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frederic Nieman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14982

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Nienaber

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14921

Amount of Each Receipt this Period

40.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

James O'Malley

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14922

Amount of Each Receipt this Period

40.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Sarah Pang

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14505

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

David Perry

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14394

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1081.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

David Perry

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14953

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Fred Piertropola

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14396

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Fred Piertropola

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14954

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Thomas Pontarelli

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14732

Amount of Each Receipt this Period

83.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Thomas Pontarelli

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14432

Amount of Each Receipt this Period

83.34

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas Pontarelli

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14990

Amount of Each Receipt this Period

83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Richard Pye

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14397

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard Pye

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14955

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gail Ranieri

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14487

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

383.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Robert Rice

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14488

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Vicky Russell

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14503

Amount of Each Receipt this Period

750.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas Scott

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14504

Amount of Each Receipt this Period

750.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

John Scully

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.15016

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Andrew Shapiro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14728

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Andrew Shapiro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14426

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Andrew Shapiro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14984

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kevin Shyne

Mailing Address CNA Plaza

City

Chicago

State

ID

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.15009

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jerry Sliwa

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.15019

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

662.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

David Smith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14398

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David Smith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14956

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ralph Soletti

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14399

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Ralph Soletti

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14957

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kerry Spaven

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14498

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ronald Stegeman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14400

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Ronald Stegeman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14958

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michelle Stegmann

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.15010

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mark Stephens

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15045

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

841.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Stephen Stonehouse

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.15011

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Karen Stuttman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14401

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Karen Stuttman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14959

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

John Tatum

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14402

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Tatum

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14960

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Traczyk

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14403

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Traczyk

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14961

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Marie Usher

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14404

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Marie Usher

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14962

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Vankley

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14405

Amount of Each Receipt this Period

41.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Vankley

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14963

Amount of Each Receipt this Period

41.67

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Marie-Eve Vesel

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14489

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

383.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Michael Warnick

Mailing Address CNA Plaza

City

Chicago

State

ID

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15046

Amount of Each Receipt this Period

750.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14729

Amount of Each Receipt this Period

62.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14429

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14987

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Wilson

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15047

Amount of Each Receipt this Period

750.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Peter Wilson

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.15021

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1812.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

John Wurzler

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.14409

Amount of Each Receipt this Period

42.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Wurzler

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.14966

Amount of Each Receipt this Period

42.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

34890.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

CROWLEY FOR CONGRESS

Mailing Address 426 C Street NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: SB23.15094

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT

Mailing Address 222 W. Washington Avenue  
Suite 150

City  
Madison

State  
WI

Zip Code  
53703

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.15097

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

JOHN MCCAIN 2008 GENERAL ELECTION COMPLIANCE FUND INC.

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District: 00

**Transaction ID:** SB23.15055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

**B.**

Full Name (Last, First, Middle Initial)

KIND FOR CONGRESS COMMITTEE

Mailing Address 205 South 5th Ave  
Suite 428

City  
La Crosse

State  
WI

Zip Code  
54601

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 03

**Transaction ID:** SB23.15074

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City  
BARRINGTON

State  
IL

Zip Code  
60010

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

**Transaction ID:** SB23.15057

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Pennsylvania Insurance PAC

Mailing Address 1600 Market Street  
Suite 1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.15100

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF WISCONSIN

Mailing Address 148 E. Johnson Street  
P.O. Box 31

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.15095

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.15093

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Texans for John Cornyn

Mailing Address PO Box 13026

City  
Austin

State  
TX

Zip Code  
78711

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: TX

District:

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.15087

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

TOM FEENEY FOR CONGRESS

Mailing Address 1420 Alafaya Trail #103

City  
Oviedo

State  
FL

Zip Code  
32765

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL

District: 24

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.15089

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

19800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Austen Furse Campaign

Mailing Address 1 Greenway Plaza East  
Suite 225

City Houston State TX Zip Code 77046

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: TX District:

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB29.15079

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Mike Jackson

Mailing Address PO Box 315

City La Porte State TX Zip Code 77572

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: TX District:

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB29.15078

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Don White

Mailing Address PO Box 363

City Indiana State PA Zip Code 15701

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB29.15061

Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 72

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Harper for House

Mailing Address 13 South Gate Road

City  
Charleston

State  
WV

Zip Code  
25314

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.15059

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Husted for Ohio

Mailing Address 100 E. Broad Street  
Suite 2225

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.15063

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

John Zerwas Campaign

Mailing Address 1 Greenway Plaza East  
Suite 225

City  
Houston

State  
TX

Zip Code  
77046

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District:

Transaction ID: SB29.15081

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 72

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Judge Mark Davidson Campagin

Mailing Address 118 Bellaire Court

City State Zip Code  
Bellaire TX 77401

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.15091

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ohio Republican Party

Mailing Address 211 South 5th Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.15064

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Twenty-One PAC

Mailing Address PO Box 8069

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District:

**Transaction ID:** SB29.15083

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

8500.00